

CDK
ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE Northern DISTRICT OF TEXAS
FT Worth DIVISION

Form To Be Used By A Prisoner in Filing a Complaint
Under the Civil Rights Act, 42 U.S.C. § 1983

Edward Benton Glass 0462470
Plaintiff's name and ID Number

Tarrant Co Jail 100 NLAMAS
Place of Confinement
FT WORTH TX 76102

v.

MHMR Tarrant Co Jail Div
Defendant's name and address

3840 Hulen St North Tower

FT WORTH TX 76107
Defendant's name and address

Defendant's name and address
(DO NOT USE "ET AL.")

4-14 CV-701-A

CASE NO.

(Clerk will assign the number)

U.S. DISTRICT COURT
NORTHERN DISTRICT OF TEXAS

FILED

AUG 26 2014

CLERK, U.S. DISTRICT COURT

By

Deputy

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$250.00.

2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.

3.28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$250 filing fee has been paid.

4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuits in state or federal court relating to your imprisonment?

YES ☒ NO ☐

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: _____

2. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

3. Court: (If federal, name the district; if state, name the county.) _____

4. Docket Number: _____

5. Name of judge to whom case was assigned: _____

6. Disposition: (Was the case dismissed, appealed, still pending?) _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: Tarrant Co Jail

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution?

YES NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Edward Benton Glass
100 N LAMAR FT Worth TX 76102

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: MHMR Tarrant Co Jail Div
3840 Hulen St / North tower / FT Worth TX 76107

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Denying me treatment for mental health
proper treatment

Defendant #2: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #4: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

In 5 months I have seen 1 mental health doctor Mrs. Lou, who ordered me 1 busbar drug in morning and 1 in evening for mild anxiety

I have PTSD, psychosis, Major Anxiety disorder, Bipolar, Major Depression, Panic Attacks and a recurring nightmare with over 30 trips to inpatient units. I have 6 major diagnosis and am treated for none here.

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

\$5,000,000.00 Pain & Suffering

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Edward Benton Glass

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

1835412

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ☒ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

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2. Case Number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? YES NO

- C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES _____ NO
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Executed on: _____
DATE

(Signature of plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$250 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this 21 day of Aug, 2014.
(Day) (month) (year)

Edward Glos

Edward Glos

(Signature of plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

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FOR THE NORTHERN DISTRICT OF TEXAS
FT WORTH TX DIVISION

Edward Benton Glass 0462470
Plaintiff's name and ID Number

Tarrant Co Jail 100 NLAMR
Place of Confinement
FT WORTH TX 76104

CASE NO. _____
(Clerk will assign the number)

v.

with MR. Tarrant Co Jail Div
3840 Hulen St / North Tower
Defendant's name and address
FT WORTH 76107

APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, Edward Glass, declare, depose, and say that I am the Plaintiff in the above entitled case. In support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty, I am unable to pay in advance the filing fee for said proceedings or to give security for the filing fee. I believe I am entitled to relief.

I further declare that the responses which I have made to questions and instructions below are true.

1. Have you received, within the past 12 months, any money from any of the following sources?

a. Business, profession or form of self-employment?	Yes <u>G</u>	No <u>G</u>
b. Rent payments, interest or dividends?	Yes <u>G</u>	No <u>G</u>
c. Pensions, annuities or life insurance payments?	Yes <u>G</u>	No <u>G</u>
d. Gifts or inheritances?	Yes <u>G</u>	No <u>G</u>
e. Family or friends?	Yes <u>G</u>	No <u>G</u>
f. Any other sources?	Yes <u>G</u>	No <u>G</u>

If you answered YES to any of the questions above describe each source of money and state the amount received from each during the past 12 months.

Serial Security 847.00
NOT while in Jail

2. Do you own cash, or do you have money in a checking or savings account, including any funds in prison accounts?

Yes G No G

If you answered YES, state the total value of the items owned.

3. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing?

Yes G

No G

If you answered YES, describe the property and state its approximate value.

I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury. I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct (28 U.S.C. § 1746).

Signed this the 21 day of Aug, 20 14.

Edward Sn
Signature of Plaintiff

0462470
ID Number

YOU MUST ATTACH A CURRENT SIX (6) MONTH HISTORY OF YOUR INMATE TRUST ACCOUNT. YOU CAN ACQUIRE THE APPROPRIATE INMATE ACCOUNT CERTIFICATE FROM THE LAW LIBRARY AT YOUR PRISON UNIT (OR OTHER DESIGNATED LOCATION AT YOUR INSTITUTION).

CERTIFICATE OF INMATE TRUST ACCOUNT

I, the undersigned authorized officer of the Tarrant County Jail
(name of institution)
where Edward Benton Glass, Inmate ID No. 0462470, is confined
(name of inmate)
as a prisoner, do hereby certify that:

(1) On this day the prisoner has in his account the sum of \$ 0.03.

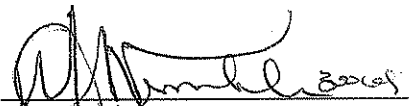
(2) During the past six months, the prisoner's:

Average monthly balance was \$ 30.26.

Average monthly deposits to the prisoner's account were \$ 136.13.

Attached is a certified copy of the prisoner's trust account statement (or institutional equivalent)
showing transactions for the past six months.

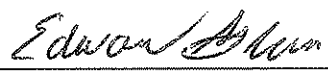
Signed this 17th day of August, 20 .


Authorized Officer

Tarrant County Jail
Institution of Confinement

Authorization

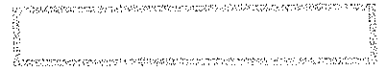
I, the undersigned inmate, authorize the institution where I am incarcerated to withdraw and forward to the court any initial partial filing fee or appeal fee and any subsequent installments ordered by a Court under the *in forma pauperis* provisions of 28 U.S.C. § 1915.


Signature of Prisoner/Plaintiff/Appellant
Inmate ID No. 0462470

Jail Records Needed



LOGIN



About Us Services Your Rights Business Opportunities Research Jobs Media Contact Us

You are here: Contact Us

Contact Us



Contact Us

Your Name: _____

Your Email: _____

Your Phone Number: _____

What is your message concerning?

Subject: _____

Select Area

Message: _____

SERVING 24 COUNTIES IN NORTH TEXAS | MHMR of Tarrant County (MHMR) 3840 Hulen Street, North Tower, Fort Worth, TX 76107-817-569-4300

Inpatient Records Needed

UT Southwestern
Medical Center

Patient
Care

Contact Us

General Information

Phone: 214-648-3111

If you reach our automated system, you can be connected to the person or Department you'd like to speak with simply by stating their name. For general information, say "general information," or press zero.

Appointments

Adult Patient Appointments (New)

Phone: 214-645-8300

Adult Patient Appointments (Established)

Contact the clinic directly

Pediatric Patient Appointments

Phone: 214-456-7000

University Hospitals

Phone: 214-645-5555

Guest and Patient Services

James W. Aston Ambulatory Care Center

Phone: 214-645-2393

Outpatient Building

Phone: 214-645-3395

Professional Office Buildings 1 and 2

Phone: 214-645-6773

Seay Biomedical Building

Phone: 214-645-8583

St. Paul University Hospital

Phone: 214-645-5535

Zale Lipshy University Hospital

Phone: 214-645-4101

Write Us

UT Southwestern Medical
Center

5323 Harry Hines Blvd.
Dallas, Texas 75390

Directions

Medical Records

Patients may request medical records directly from UT Southwestern.

Outpatient

Phone: 214-645-3030

St. Paul University Hospital

Phone: 214-645-5260

Zale Lipshy University Hospital

Phone: 214-645-5400

Billing

Patients may also obtain information about billing and insurance plans accepted.

Hospital or Inpatient

Phone: 214-645-4500 or 866-590-2198

Physician Services or Outpatient

Phone: 214-645-0600 or 866-648-2455

Media Inquiries

UT Southwestern University News Bureau

Phone: 214-648-3404

Copyright 2014. The University of Texas Southwestern Medical Center

For emergencies please call **911**. Make an appointment - Adult: 214-645-8300 or Children: 214-730-KIDS

My Doctor Records Needed

Asad U Islam, MD (http://www.vitals.com/doctors/Dr_Asad_Islam.html)

2.0 Add your rating: ? / 4

Psychiatrists
15 years of experience

860 Hebron Pkwy
Ste 1101
Lewisville, TX 75057
469-444-2244

✓ Accepting new patients

Locations and availability (3) (http://www.vitals.com/doctors/Dr_Asad_Islam/office-locations)

Inpatient Records Needed

Search by location or name... Su

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Drug Rehab Facility

therecoveryvillage.com/DrugRehab

Highest Quality Personalized Rehab. Call Us Today. Insurance Accepted.

Harris Methodist Springwood

Detailed report on the mental health and substance abuse treatment rehabilitation center located in Bedford, Texas (TX).

Harris Methodist Springwood is a drug or alcohol rehabilitation center with a primary focus on mental health and substance abuse treatment based at 2717 Tibbets Drive in Bedford, TX.

The facility provides detoxification and buprenorphine services to the public. The treatment center provides outpatient, residential short-term treatment, and hospital inpatient care. There are special groups and programs for persons with co-occurring mental and substance abuse disorders, pregnant and postpartum women, and women. No special language services are available. Payments via medicaid, medicare, private insurance, and military insurance are accepted. Payment assistance is not offered for program costs.

Overall Rating

★ ★ ★ ★ ★

Rated 2.67 out of 5 from 3 User Reviews

[Read the Reviews](#) [Rate this Rehab Center](#)

Quality of Care Rating

★ ★ ★ ★ ★

Rated 2.67 out of 5 on this user rated measure.

Staff Rating

★ ★ ★ ★ ★

Rated 3.33 out of 5 on this user rated measure.

Facility Rating

★ ★ ★ ★ ★

Rated 3.00 out of 5 on this user rated measure.

Promptness Rating

★ ★ ★ ★ ★

Rated 3.33 out of 5 on this user rated measure.

Primary Focus

A mix of Mental Health and Treatment Services

Address

2717 Tibbets Drive
Bedford, TX 76022

Phone Number

(817) 355-7771

Geographic Coordinates

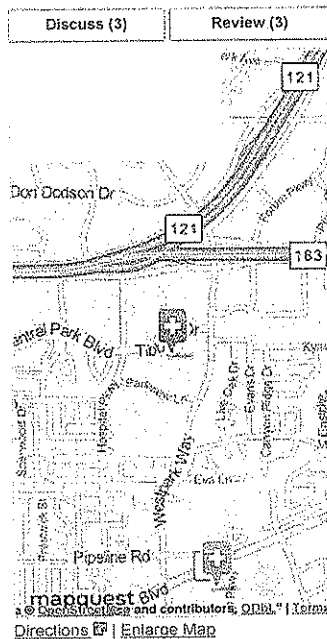
32.833722, -97.1222

* The accuracy of these coordinates is at an address level.

Website

www.texashealth.org

Services



Print Email Link Bookmark

Follow @citehealth

Like 350

Nearby Rehab Centers

- Counseling Center**
Located 0.74 miles away in Bedford at 1909 Central Drive Suite 203.
- TRS Behavioral Care, Inc**
Located 0.85 miles away in Euless at 2219 West Euless Boulevard.
- Mental Health Mental Recovery of**
Located 3.36 miles away in Hurst at 129 Harmon Road.
- Grapevine Valley Hope**
Located 5.72 miles away in Grapevine at 2300 William D Tate Avenue.
- Millwood Hospital**
Located 5.78 miles away in Arlington at 1011 North Cooper Street.

Note: There are a total of 36 centers within 25 miles of this provider.

Newest Reviews

- Capitol House Nursing & Rehab Center**
An overall rating of 1 out of 5 stars was given and the reviewer said: "As I entered Capitol House as a visitor, I thought I was..."
- Bear Creek Nursing &...**
An overall rating of 4 out of 5 stars was given and the reviewer said: "very compassionate and helpful with my father's last months"
- Hope Valley, Inc**
An overall rating of 5 out of 5 stars was given and the reviewer said: "I just got home from treatment and had a few things I wanted..."
- Inspirations for Youth & Families**
An overall rating of 5 out of 5 stars was given and the reviewer said: "My friends teen went there and he has been sober for years..."
- Seaford Center, Inc**
An overall rating of 1 out of 5 stars was given and the reviewer said: "Overall, not a good place if you need help. The intake was..."

[View More](#)

Bedford at a Glance

Bedford has a total population of 47,152, of which 10,628 are children under the age of 18 and

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Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

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4. Have the sanctions been lifted or otherwise satisfied? YES NO

- C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES _____ NO
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(Clerk will assign the number)

v.

MITMR Tarrant Co Jail Div
3840 Hulen St / North Tower
Defendant's name and address
FT WORTH 76107

APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, Edward Glass, declare, depose, and say that I am the Plaintiff in the above entitled case. In support of my motion to proceed without being required to prepay fees, costs or give security therefor, I state that because of my poverty, I am unable to pay in advance the filing fee for said proceedings or to give security for the filing fee. I believe I am entitled to relief.

I further declare that the responses which I have made to questions and instructions below are true.

1. Have you received, within the past 12 months, any money from any of the following sources?

a. Business, profession or form of self-employment?	Yes <u>G</u>	No <u>G</u>
b. Rent payments, interest or dividends?	Yes <u>G</u>	No <u>G</u>
c. Pensions, annuities or life insurance payments?	Yes <u>G</u>	No <u>G</u>
d. Gifts or inheritances?	Yes <u>G</u>	No <u>G</u>
e. Family or friends?	Yes <u>G</u>	No <u>G</u>
f. Any other sources?	Yes <u>G</u>	No <u>G</u>

If you answered YES to any of the questions above describe each source of money and state the amount received from each during the past 12 months.

Social Security 847.00
NOT while in Jail

2. Do you own cash, or do you have money in a checking or savings account, including any funds in prison accounts?

Yes G No G

If you answered YES, state the total value of the items owned.

3. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property, excluding ordinary household furnishings and clothing?

Yes G

No G

If you answered YES, describe the property and state its approximate value.

I understand that a false statement or answer to any questions in this affidavit will subject me to penalties for perjury. I declare (or certify, verify, or state) under penalty of perjury that the foregoing is true and correct (28 U.S.C. § 1746).

Signed this the 21 day of Aug, 20 14.

Edna Sn
Signature of Plaintiff

0462470
ID Number

YOU MUST ATTACH A CURRENT SIX (6) MONTH HISTORY OF YOUR INMATE TRUST ACCOUNT. YOU CAN ACQUIRE THE APPROPRIATE INMATE ACCOUNT CERTIFICATE FROM THE LAW LIBRARY AT YOUR PRISON UNIT (OR OTHER DESIGNATED LOCATION AT YOUR INSTITUTION).

CERTIFICATE OF INMATE TRUST ACCOUNT

I, the undersigned authorized officer of the Tarrant County Jail
(name of institution)
where Edward Benton Glass, Inmate ID No. 0462470, is confined
(name of inmate)
as a prisoner, do hereby certify that:

(1) On this day the prisoner has in his account the sum of \$ 0.03.


(2) During the past six months, the prisoner's:

Average monthly balance was \$ 30.26.

Average monthly deposits to the prisoner's account were \$ 136.13.

Attached is a certified copy of the prisoner's trust account statement (or institutional equivalent)
showing transactions for the past six months.

Signed this 17th day of August, 20 .




Authorized Officer

Tarrant County Jail
Institution of Confinement

Authorization

I, the undersigned inmate, authorize the institution where I am incarcerated to withdraw and forward to the court any initial partial filing fee or appeal fee and any subsequent installments ordered by a Court under the *in forma pauperis* provisions of 28 U.S.C. § 1915.



Signature of Prisoner/Plaintiff/Appellant
Inmate ID No. 0462470

Jail Records, Need



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Your Phone Number:

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Select Area

Message:

SERVING 24 COUNTIES IN NORTH TEXAS | MHMR of Tarrant County (MHMR) 3840 Hulen Street, North Tower, Fort Worth, TX 76107-817-569-4300

Inpatient Records Request

UT Southwestern Medical Center | Patient Care

Contact Us

General Information
Phone: 214-648-3111

If you reach our automated system, you can be connected to the person or Department you'd like to speak with simply by stating their name. For general information, say "general information," or press zero.

Appointments

Adult Patient Appointments (New)
Phone: 214-645-8300

Adult Patient Appointments (Established)
Contact the clinic directly

Pediatric Patient Appointments
Phone: 214-456-7000

University Hospitals
Phone: 214-645-5555

Guest and Patient Services

James W. Aston Ambulatory Care Center
Phone: 214-645-2393

Outpatient Building
Phone: 214-645-3395

Professional Office Buildings 1 and 2
Phone: 214-645-6773

Seay Biomedical Building
Phone: 214-645-8583

St. Paul University Hospital
Phone: 214-645-5535

Zale Lipshy University Hospital
Phone: 214-645-4101

Write Us

UT Southwestern Medical
Center
5323 Harry Hines Blvd.
Dallas, Texas 75390

Directions

Medical Records

Patients may request medical records directly from UT Southwestern.

Outpatient

Phone: 214-645-3030

St. Paul University Hospital

Phone: 214-645-5260

Zale Lipshy University Hospital

Phone: 214-645-5400

Billing

Patients may also obtain information about billing and insurance plans accepted.

Hospital or Inpatient

Phone: 214-645-4500 or 866-590-2198

Physician Services or Outpatient

Phone: 214-645-0600 or 866-648-2455

Media Inquiries

UT Southwestern University News Bureau

Phone: 214-648-3404

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For emergencies please call **911**. Make an appointment - Adult: 214-645-8300 or Children: 214-730-KIDS

my Doctor records needed

Agad U Islam, MD (http://www.vitals.com/doctors/Dr_Asad_Islam.html)

2.0 Add your rating: 7 / 4

Psychiatrists
15 years of experience

✓ Accepting new patients

860 Hebron Pkwy
Ste 1101
Lewisville, TX 75057
469-444-2244

Locations and availability (3) (http://www.vitals.com/doctors/Dr_Asad_Islam/office-locations)

inpatient records needed

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Drug Rehab Facility

therecoveryvillage.com/DrugRehab

Highest Quality Personalized Rehab. Call Us Today. Insurance Accepted.

Harris Methodist Springwood

Detailed report on the mental health and substance abuse treatment rehabilitation center located in Bedford, Texas (TX).

Harris Methodist Springwood is a drug or alcohol rehabilitation center with a primary focus on mental health and substance abuse treatment based at 2717 Tibbets Drive in Bedford, TX.

The facility provides detoxification and buprenorphine services to the public. The treatment center provides outpatient, residential short-term treatment, and hospital inpatient care. There are special groups and programs for persons with co-occurring mental and substance abuse disorders, pregnant and postpartum women, and women. No special language services are available. Payments via medicaid, medicare, private insurance, and military insurance are accepted. Payment assistance is not offered for program costs.

Overall Rating



Rated 2.67 out of 5 from 3 User Reviews

[Read the Reviews](#) | [Rate this Rehab Center](#)

Quality of Care Rating



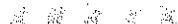
Rated 2.67 out of 5 on this user rated measure.

Staff Rating



Rated 3.33 out of 5 on this user rated measure.

Facility Rating



Rated 3.00 out of 5 on this user rated measure.

Promptness Rating



Rated 3.33 out of 5 on this user rated measure.

Primary Focus

A mix of Mental Health and Treatment Services

Address

2717 Tibbets Drive
Bedford, TX 76022

Phone Number

(817) 355-7771

Geographic Coordinates

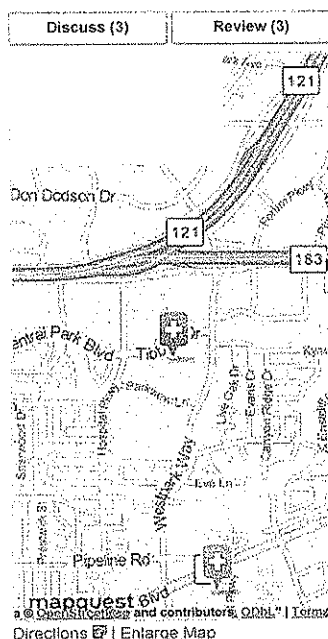
32.833722, -97.1222

* The accuracy of these coordinates is at a address level.

Website

www.texashealth.org

Services



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Nearby Rehab Centers

- Counseling Center**
Located 0.74 miles away in Bedford at 1909 Central Drive Suite 203.
- TRS Behavioral Care, Inc.**
Located 0.85 miles away in Euless at 2219 West Euless Boulevard.
- Mental Health Mental Recovery of.**
Located 3.36 miles away in Hurst at 129 Harmon Road.
- Grapevine Valley Hope**
Located 5.72 miles away in Grapevine at 2300 William D Tate Avenue.
- Millwood Hospital**
Located 5.78 miles away in Arlington at 1011 North Cooper Street.

Note: There are a total of 36 centers within 25 miles of this provider.

Newest Reviews

- Capitol House Nursing & Rehab Center**
An overall rating of 1 out of 5 stars was given and the reviewer said: "As I entered Capitol House as a visitor, I thought I was."
- Bear Creek Nursing &...**
An overall rating of 4 out of 5 stars was given and the reviewer said: "very compassionate and helpful with my father's last months"
- Hope Valley, Inc.**
An overall rating of 5 out of 5 stars was given and the reviewer said: "I just got home from treatment and had a few things I wanted."
- Inspirations for Youth & Families**
An overall rating of 5 out of 5 stars was given and the reviewer said: "My friends teen went there and he has been sober for years..."
- Seaford Center, Inc.**
An overall rating of 1 out of 5 stars was given and the reviewer said: "Overall, not a good place if you need help. The intake was..."

[View More](#)

Top

Bedford at a Glance

Bedford has a total population of 47,152, of which 10,628 are children under the age of 18 and



CLERK OF COURT

Edward Alesl
CIP 0468470
100 N Lamar
FT Worth
TX 76102



United States District Court
310
501 W 10th St Room
FT Worth TX 76103

